

Population & Societies

Contraception in France: new context, new practices?

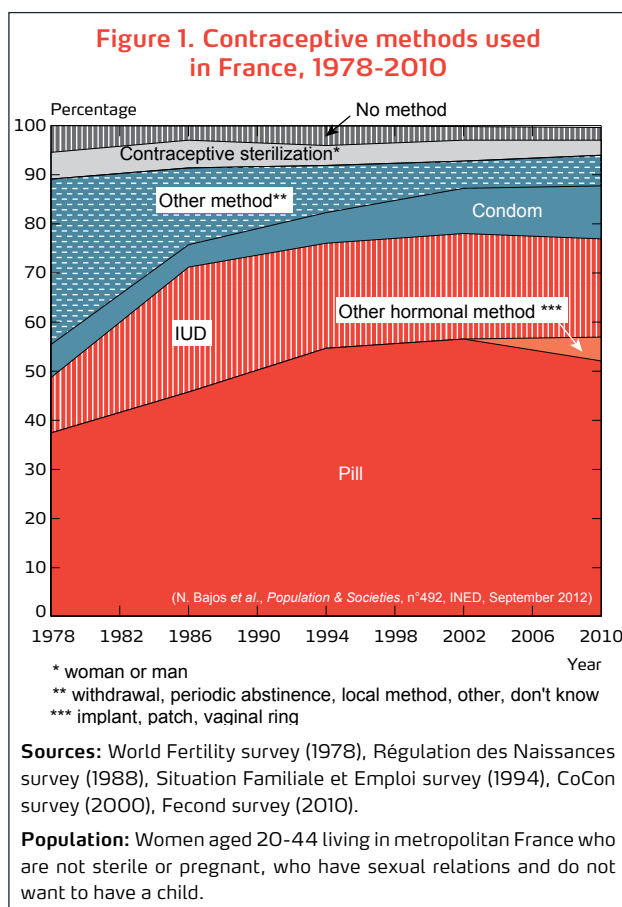
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What contraceptive methods are used in France today? Has the new law passed in 2001 to facilitate access to contraception, notably among adolescent girls under 18, and the arrival of new contraceptive methods led to a change in practices? Nathalie Bajos, Aline Bohet, Mireille Le Guen and Caroline Moreau present the initial findings of the Fecond survey.

The contraceptive environment has evolved in France over the last decade. The Aubry Act of 4 July 2001 facilitated access to contraception and abortion for adolescent girls under 18, enabling them to consult the physician of their choice without the need for parental consent,⁽¹⁾ and legalized contraceptive sterilization. In parallel, women gained access to new hormonal methods of contraception in the early 2000s, including implants, patches and vaginal rings (Box 1). Emergency contraception (morning-after pill) also became available without a prescription, free of charge for girls under 18. The Fecond survey conducted in 2010 by INSERM and INED (Box 2) sheds light on recent trends in contraceptive behaviours, across ages and social backgrounds, and the practices of health professionals.

Use of the pill is declining for the first time

The pill is still the most widespread contraceptive method in France today, used by more than half of all women aged 15-49 in 2010.⁽²⁾ But while the proportion of pill users had been rising steadily since the legalization of contraception in 1967, it has fallen slightly since the early 2000s (-4.6%). However, this decrease has been offset by



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(1) Prior to this law, adolescents below age 18 could obtain contraceptives anonymously and free of charge from family planning centres. Today, only contraceptives prescribed in family planning centres are provided free of charge.

(2) All the figures presented here relate to women concerned by contraception, i.e. women who have sexual relations with men and who do or do not use contraception, who are neither sterile nor pregnant and who do not wish to become pregnant.

Box 1

New hormonal contraceptives

A contraceptive implant is a small cylindrical plastic stick measuring 4cm in length and 2mm in diameter which contains the same hormones as the progestogen-only pill. It is inserted under the skin on the patient's arm using a special needle. It is 99.9% effective and can be left in place for 3 years. It has been available in France since 2001 and 65% of its cost is reimbursed by the health insurance system.

The contraceptive skin patch contains an association of hormones similar to those of a combined pill (oestradiol and progestogen) which enter the blood through the skin. The patch is used in four-week cycles: a new patch once a week for three weeks, followed by a week with no patch. Its efficacy is close to that of the combined pill, but it is not reimbursed.

The vaginal ring is a porous, flexible, plastic ring containing combination of hormones (oestrogen and progestogen). It is inserted into the vagina and left in place for three weeks, after which it is removed for a week. The vaginal ring, as effective as a combined pill, is not reimbursed.

the growing popularity of new hormonal methods (Box 1) developed over the last decade and used by 4% of women in 2010 (Figure 1). Among these methods, implants are the most widely used (2.6% of women aged 15-49) ahead of vaginal rings (1.0%) and contraceptive patches (0.4%).

The decline in pill use varies by women's age. Among young women aged 18-19, the decrease (-4.4%) is accompanied by more frequent use of condoms and new hormonal methods. Among women aged 20-24, the drop (-10.4%) is only partly offset by increased use of new hormonal methods (+5.1%), while among the 25-29 age group (-5.8%) these new methods more than make up for the decline (+6.9%). For the other contraceptive methods, changes over the last decade are consistent with past trends, namely a slow ongoing decrease in use of the intra-uterine device (IUD), and a continued rise in condom use. The use of other methods, such as withdrawal or the rhythm method (based on temperature monitoring), in steady decline since the 1970s, has stabilized since 2000: 6.2% of women now use this form of birth control. A small minority of women (3.9% of women and 0.3% of their male partners) opt for contraceptive sterilization, which became legal in France in 2001.

As in the past, very few women not wishing to become pregnant use no contraceptive method at all. They represent around 3% of the total population of women in need of contraception (5.1% of women aged 45-49 and only 0.9% of the 15-17 age group).

A rigid contraceptive model

The French contraceptive model has changed little over time. It remains characterized by high condom use at sexual debut, adoption of the pill when sexual life becomes more stable, and use of the IUD once couples have achieved their desired family size.

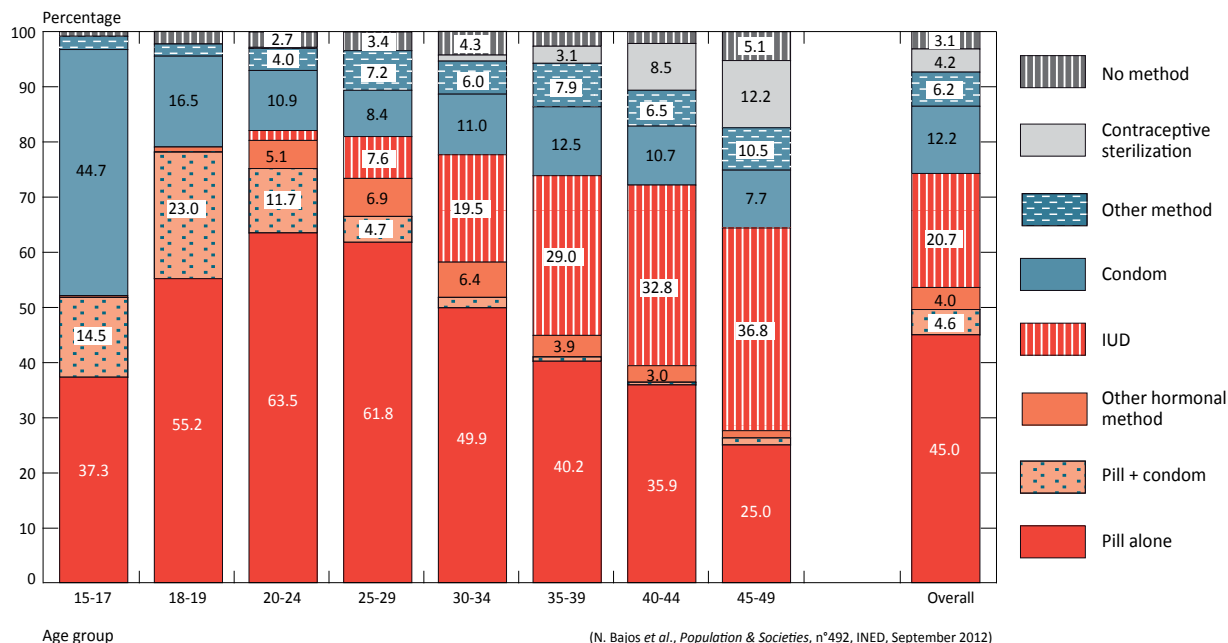
In 2010, the pill was the most widely used method in all age groups (Figure 2). Only at ages 45-49 do women show a preference for the IUD, a method used by 21% of women on average. This proportion has not changed since the 1970s despite the guidelines of the French National Authority for Health (Haute autorité de santé), distributed to all health professionals in 2004, which indicate that the IUD can be safely used at all ages, whether or not the woman has a child. In 2010, the IUD was prescribed primarily for older women or those who already have children. In fact, only 1.3% of childless women aged 15-49 used an IUD in 2010, compared with 20% of women with one child and 40% of women with two or more children. The reasons for this low level of IUD use among childless women are complex, reflecting the way in which this method is perceived by both women and health professionals: 54% of women interviewed in 2010 consider that the IUD is not indicated for a childless woman. This percentage rises to 69% among gynaecologists and 84% among general practitioners (survey of physicians, see Box 2).

Condoms are used by a majority of women at the start of their sexual life. They are used by more than half of all girls aged 15-17 (59%) as a contraceptive, sometimes in association with the pill (15% of cases). Condom use by women then declines with age. Condom breakage or slippage is rarely associated with use of emergency contraception: only one in four women who reported experiencing a problem with a condom over the previous four weeks then took the morning-after pill as a backup measure. Emergency contraception is rarely mentioned during visits to the doctor: 36% of gynaecologists and just 11% of general practitioners reported frequently recommending this method over the previous year.

Socially differentiated practices

In the early 1980s, the pill and IUD were mostly used by women from the most advantaged social groups. But these social disparities progressively narrowed, first for the pill (in the 1990s) and then for the IUD (in the late 1990s). [2] In the early 2000s, social differences were reflected mainly in the type of pill used, with more frequent use of third-generation pills (not reimbursed by the health insurance system at that time) among women from higher social groups. Social inequalities still exist today, primarily in access to contraception: women in situations of economic insecurity, those with low educational levels or living in rural areas more frequently

Figure 2. Contraceptive methods used in France in 2010 by women's age



Sources: Fecond survey (2010), INSERM-INED.

Population: Women aged 15-49 living in metropolitan France who are not sterile or pregnant, who have sexual relations and do not want to have a child.

use no form of contraception than other women (6.5% of female manual workers versus 1.6% of women in highly qualified occupations).

Gynaecological follow-up also varies by socioeconomic status, with effects on the choice of contraceptive methods: 73% of female manual workers see a gynaecologist for their contraceptive needs versus 82% of women in higher-level occupations. Women who see a gynaecologist are less likely to use the pill than those followed by a general practitioner (48% versus 70%), but more likely to have an IUD (26% versus 7%). Gynaecologists consider themselves more qualified to insert an IUD than general practitioners (98% of those interviewed for the Fecond survey considered that they had received adequate training to insert an IUD, versus 29% of general practitioners).

Women's expectations and doctors' perceptions of their capacity to adhere to the prescribed regimen also influence the choice of method. The contraceptive implant, one of the most effective methods available, is more often used by women facing financial difficulties (4.5% versus 1.7% for women with no difficulties), and by women with citizenship of sub-Saharan African country (23.5% versus 2.4% of women with French citizenship), even though the more advantaged social groups are generally the first to adopt new practices. It would appear that use of the implant corresponds, in part, to a contraceptive model whereby foreign women are prescribed a non user-dependent method whose efficacy does not depend on daily observance, assumed to be failing. [3]

The influence of socioeconomic insecurity

What is the reason for the recent decline in pill use among the youngest women, notably the 20-24 age group? Could it reflect a growing distrust of medicinal products in general, and hence a movement away from hormonal methods? This hypothesis is plausible, but insufficient. The decline in pill use among the 20-24 age group between 2000 and 2010 is smaller among the most highly educated women, who are also more receptive to "ecological arguments" (-5.1% among women with a degree in higher education, versus -12.9% among other women). These young women are also less frequently followed by a gynaecologist than in the past: in 2010, 12.2% reported no routine follow-up, versus 6.9% in 2000.

The deteriorating financial circumstances of young women over the last ten years may be a contributing factor. Unemployment has risen sharply among women aged 20-24 (from 16.5% in 2000 to 21.2% in 2010). The situation is more favourable for the 25-29 age group (11.2% in 2000 and 8.9% in 2010), among whom hormonal contraceptive use and follow-up by a gynaecologist have remained generally stable. Moreover, young women aged 20-24 facing financial difficulties who no longer live with their parents use the pill less often than the others (71% versus 88%). The pill can be expensive for the 42% of women today who are prescribed brands not reimbursed by the French health insurance system,⁽³⁾ and only 43% of young pill users with financial difficulties have full insurance coverage for contraceptive spending.

Box 2

The 2010 Fecond survey and earlier surveys on contraception

Several INED surveys have followed the changes in contraceptive practices in France since the Neuwirth Act in 1967. Conducted in association with INSEE in 1978, 1988 and 1994, these surveys were based on representative samples of the female population of reproductive age. [2, 4] In 2000, a 5-year cohort study of women aged 18-44 (Cocon survey) was launched by INSERM and INED. [5]

In 2010, a new survey on contemporary issues of sexual and reproductive health was conducted by INSERM and INED (Fecond survey)^(a) on random samples of 5,275 women and 3,373 men aged 15-49. The survey was carried out by telephone on persons with a landline, but also on persons with a mobile phone number only (who represent 14% of the population aged 15-49 in France). It explores contraceptive practices from the time of first intercourse, contraceptive failures, planned and unplanned pregnancies, abortion and sexual dysfunction.

The general population survey was accompanied by a survey on a representative sample of 1,011 general practitioners and private-practice gynaecologists selected at random in the health insurance directory (Adeli). They were interviewed in 2011, via a paper questionnaire or the Internet, on their knowledge, attitudes and practices in the fields of sexual and reproductive health.

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Contraception in 2010: from social constraints to medical and financial rationales

The social disparities recorded in 2010 may reflect difficulties in initiating or seeking contraception, notably among women in a precarious financial situation. The absence of contraceptive protection, resulting in a strong likelihood of unplanned pregnancy, is an issue not adequately addressed in French debate. While it concerns few women at any given moment, and most often corresponds to transitory social or family situations, many women experience contraceptive gaps at some time in their life.

The Fecond survey also shows how the choice of contraceptive method is strongly linked to the women's social status and to the interests of medical and financial stakeholders. Health professionals find it difficult to change their practices, and training is key to changing attitudes in this area.

All in all, the social differences in contraceptive practices highlight the need to consider all the actors involved – women, male partners and prescribers – when analysing contraceptive behaviours and devising policy measures.

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Abstract

In France in 2010, 50% of women aged 15-49 concerned by contraception used the pill. The slight fall in the proportion of pill users since the early 2000s has been offset by the growing use of new hormonal contraception methods (contraceptive implant, patch and vaginal ring), except among the 20-24 age group. Use of the IUD is continuing its slow decline, while condom use is increasing. Only a small minority of women opt for contraceptive sterilization, which was legalized in 2001. Around 3% of women not wishing to become pregnant do not use any form of contraception. This situation is more frequent among women facing financial difficulties, with a low level of education or living in a rural area.

(3) The pills not reimbursed by the health insurance system in 2010 were mainly third-generation pills which do not have a higher therapeutic rating than the other types of pill.